

Supplement to Application for Guardian Ad Litem Contract or Volunteer Position
(This application is an addendum to the Application for Guardian Ad Litem Contract or Volunteer Position.)

The Judicial Districts of Minnesota are Equal Opportunity Employers. Applicants for contract are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status, sexual orientation or other legally protected status.

Last Name	First Name	Middle Name
------------------	-------------------	--------------------

<p>Contract or volunteer position for which you are applying: _____</p> <p>Position is: ___ Volunteer ___ Independent Contractor</p> <p>If Contractor, hours willing to work:</p> <p>___ Full-time Regular (40 hours/week)</p> <p>___ Part-time (Recurring number of hours per week, less than full-time)</p> <p>___ Intermittent (irregular and varied hours, working only as needed)</p>	<p>Please indicate which county/counties you're willing to work in:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
--	---

SPECIAL SKILLS / EXPERIENCE

List any special skills, interests, committee work, community work, volunteer work, or other experience that may assist you in carrying out the responsibilities of a *Guardian ad Litem*:

Have you ever served as an Advocate for any person or group? ☐ Yes ☐ No

GUARDIAN AD LITEM EXPERIENCE

Have you ever served as a *Guardian ad Litem*? ☐ Yes ☐ No

If YES:

When? _____ Where? _____

How long? _____

What kind of cases did you work with? (i.e. Family, Juvenile etc.) _____

What was your caseload average per year? _____

Please list the state(s) and county(s) in which you have served: _____

Have you ever been involuntarily discharged or terminated from a *Guardian ad Litem* Program? ☐ Yes ☐ No

If YES, what state and county: _____

If YES, why: _____

Have you ever been involuntarily removed from a *Guardian ad Litem* Training Program?

☐ Yes ☐ No

If YES, what state and county: _____

If YES, why: _____

Have you ever been denied the opportunity to enlist in a *Guardian ad Litem* Training Program?

☐ Yes ☐ No

If YES, what state and county: _____

If YES, why: _____

TRAINING INFORMATION

Have you met the 40 hours of Pre-Service Training Requirement?

☐ Yes ☐ No

If YES,

When? _____

Where? _____

If not, are you available to complete 40 hours of Pre-Service Training?

☐ Yes ☐ No

Are you certified as a *Guardian ad Litem* Coordinator? (if so, by who?)

☐ Yes ☐ No

Are you certified as a *Guardian ad Litem* Trainer? (if so, by who?)

☐ Yes ☐ No

Are you available to annually complete 8 hours of Continuing Education?

☐ Yes ☐ No

Are you able to serve as a *Guardian ad Litem* for at least the next 18 months?

☐ Yes ☐ No

Are there any days of the week or times during the day when you will be unavailable to serve as a *Guardian ad Litem*?

☐ Yes ☐ No

If YES, please explain:

BACKGROUND CHECK

Do you consent to a thorough background check on you, including investigation of criminal and driving records? ☐ Yes ☐ No
(Complete attached "Release of Information")

Have you ever been convicted of a crime (other than a minor traffic violation)?

☐ Yes ☐ No

If yes, please identify both the crime with which you were charged and convicted and the date, county and state: _____

Is there anything about your background that would not allow you to perform the functions of a *Guardian ad Litem* fairly and equitably? ☐ Yes ☐ No

If yes, please explain: _____

Is there anything about your background that would cause others to think you could not perform the functions of a *Guardian ad Litem* fairly and equitably? ☐ Yes ☐ No

If yes, please explain: _____

Do you have a valid Minnesota driver's license? ☐ Yes ☐ No

Has your driver's license been suspended or revoked within the last 5 years? ☐ Yes ☐ No

If YES, please list the date, state, and county in which it was suspended or revoked: _____

REFERENCES – Please list three references by name, address and telephone number

Name	Address	Telephone

ESSAY QUESTION – Explain WHY you want to become a *Guardian ad Litem*

How did you learn of the *Guardian ad Litem* Program?

☐ Friend ☐ Brochure ☐ TV ☐ Newspaper ☐ Radio ☐ Agency ☐ Other _____

I submit that the statements made and the data provided in this Application are true and complete to the best of my knowledge. I understand that intentional falsification or omission of information on this Application may disqualify me from being considered for service as a *Guardian ad Litem* or may result in my future dismissal from the *Guardian ad Litem* Program.

Signature

Date